Date: Wednesday, March 20, 2013
Legislative Testimony to the Public Health Committee
Regarding: H.B. No. 6589, An Act Establishing a Task Force to Study the Scope of Practice for Dental Hygienists
Submitted by: Kristin Minihan-Anderson, RDH, MSDH

Senator Gerratana, Representative Johnson, Senator Slossberg, Representative Miller, and Members of the Public Health Committee,

My name is Kristin Minihan-Anderson. I am writing to oppose H.B. 6589, An Act Establishing a Task Force to Study the Scope of Practice for Dental Hygienists. Previous studies lead to the Advanced Dental Hygiene Practitioner bill in 2012 (H.B. 5541). The extensive process involved with this review and intensive negotiations resulted in the language needed to move forward with legislation to create the mid-level provider role built upon a dental hygiene foundation. Dental hygiene celebrates its 100th anniversary this year. The profession of dental hygiene was envisioned by Dr. Alfred Civilion Fones. Dr. Fones recognized the need for a professional based in prevention and founded the first dental hygiene program in the world, the Fones School of Dental Hygiene in 1913.

I have proudly practiced dental hygiene in the State of Connecticut for 21 years. I have been in the dental health care field for 29 years; initially as an orthodontic assistant, certified orthodontic assistant, then a dental hygienist. Working in orthodontics, general dentistry, public health, and educational settings has allowed me to gain insight regarding the role of each member of the dental health care team and how it relates to the delivery of effective, efficient, safe, and complete client care. My current positions are as a clinical dental hygienist in private practice, Clinical Assistant Professor teaching Ethics, Jurisprudence and Dental Hygiene Practice Management, Dental Materials Lab, Advanced Clinical Concepts, Master Degree Concentrated Practicum Advisor, and I am the Supervisor of the Fones Dental Hygiene Health Center at Tisdale Elementary School.

Interestingly, 100 years after the inception of the profession of dental hygiene here in the State of Connecticut, we find ourselves facing the need for the same innovative and insightful thinking Dr. Fones exhibited to address the needs of individuals in a pubic health setting. To say there is not an issue related to the citizens of Connecticut obtaining necessary preventive and restorative care, would be naïve and negligent. I discuss these disparities for one reason; to shine a light on the very real problem at hand. As Dr. Phil says, "you can't fix what you don't acknowledge."

Connecticut Voice for Children (2012) indicates that only 1 in 3 adults who have Medicaid accessed preventive care. This statistic highlights a significant problem. Additionally, this only reports on those individuals who are enrolled in Medicaid, no mention is made of the silent population of uninsured citizens.

The Connecticut Department of Public Health published their 2011 Every Smile Counts research and reported the following:

- Utilized "say ah" technique
    - No radiographs, instruments, or diagnostic techniques used, "safe to say decay was missed and *the results of the survey underestimate the proportion of children needing dental care" (p. 5)*
        - *A majority of dental caries are interproximal (between the teeth and identified by radiographs), this further highlights the under reporting of dental disease in this research as stated by the CT DPH.*
- Key findings stated within the research:

dental therapy professions. The ADT provider model has been scrutinized closely and extensively, no studies or independent agencies have identified any issues related to safety or efficacy of this provider.

A survey conducted by the Connecticut Dental Hygienists' Association (2011) reported that 40% of the participants currently hold a Bachelor degree and 9.7% currently hold a Master degree. Additionally, 13% of respondents report they are currently pursuing their Bachelor degree and 10.5% are presently pursuing their Master degree. This means that these dental hygiene professionals can decide to pursue a ADT/ADHP degree and complete the program in only ***two*** years.

The American Dental Hygienists' Association (2013) provides a concise chronicle of the legislative efforts that lead to the development of the dental therapist and advanced dental therapist in Minnesota. This article identifies the steps involved with the establishment of the ADT/ADHP provider.

The ADT/ADHP provider is the fiscally responsible choice to address the current and impending oral health needs of the citizens of Connecticut:

- The ADT/,ADHP will save Medicaid, uninsured and insured individuals money because they intervene early in the disease process eliminating the need for costly treatment plans resulting from lack of early restorative care (Nash, 2012)
- Currently a DT provider earns approximately 50% of what a DDS does. That means that FQHC and other public health entities that rely on grants and funding can employ 2 ADT/ADHPs to increase productivity and revenue of one dentist (Nash, 2012)
- ADT/ADHPs can work remotely/off site. Not limited by the number of operatories available in a facility; can be mobile and access nursing homes, drug/alcohol rehabilitation facilities, schools, etc. Increases productivity and revenue.
- Providing transportation for Medicaid participants to provider practices is very expensive. Having an ADHP available at more sites can eliminate many of these expenses.

To effectively address the oral health needs of the citizens of the State of Connecticut, it will truly take a team. I believe the case has been made for the establishment of the ADT/ADHP provider model. Please consider the testimony provided by the stakeholders in Minnesota regarding this legislation and S.B. 993. These entities have "been there, done that", and offer sage advice as we face this legislative process here in Connecticut.

Thank you for your time and effort regarding this manner,

Kristin Minihan-Anderson, RDH, MSDH